



**BASIC LIFE SUPPORT
INDIVIDUAL AGE, CLINICAL AND
SKILL PERFORMANCE VERIFICATION RECORD**
This form must be available for inspection at state examination.

109 Governor Street, Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

Course: EMT Basic ☐ First Responder* ☐ (* Minimum F/R Basic Skills) Course #: _____ Course Coordinator: _____

Student Name: _____ Student Certification #: _____
(Number assigned by OEMS)

Instructions: The EMT-Instructor must date & initial the appropriate spaces to verify that the individual student has demonstrated competency in performing each group of patient care skills listed. At course completion all skill areas must have been completed to signify eligibility for certification testing. (Individual skills listed here for clarification only. Competency in all relevant skills contained within the EMT-Basic or First Responder curriculum is required for state certification.)

Student Enrollment Age Verification: (Check one) Student age 16-17 ☐ Student age 18 or older ☐ Initials: _____ Date Verified: _____
(Must be 16 years old to enroll. If less than 18 years old, Student must also have signed **STUDENT PERMISSION FORM FOR STUDENTS LESS THAN 18 YEARS OLD.**)

CPR Certification Verification: Card Checked - Expiration Date: _____ Initials: _____ Date Verified: _____

Certified in: (Check applicable type) AHA - Healthcare Provider: ☐ ARC-Professional Rescuer: ☐ ASHI - CPR-PRO: ☐ Medic First Aid – BLSPRO: ☐ AAOS Professional Rescuer: ☐

Clinical Verification: (Check one) Hospital Hours ☐ Ambulance ☐ Combination ☐ (Instructor must have signed **CLINICAL TRAINING RECORD** on-file.)

REQUIREMENT OR SKILL AREA	Inst. Initials	Date
Cardio-Pulmonary Resuscitation* (Adult, Child, Infant CPR [1-Person & 2-Person],Obstructed Airway conscious/Unconscious)		
Infection Control Procedures* (Blood borne Pathogens, gloves, gowns, face masks, eye protection)		
Lifting & Moving Patients (Stretchers, Log-roll techniques, 1-person & 2-person lifts and carry)		
Patient Ventilation* (Pocket Mask, Bag/Valve/Mask [1-person and 2-person])		
Airway Control* (Oropharyngeal and Nasopharyngeal airways, suctioning)		
Oxygen Administration* (Regulator/tank operation [portable & mobile], oxygen delivery devices [masks/cannulas])		
Patient Assessment* (Physical examination, vital signs assessment, SAMPLE history, communications, documentation)		
Medication Administration (Oxygen, Nitroglycerine, Epi-Pen, Metered-Dose Inhaler, Oral Glucose, Activated Charcoal)		
Automated External Defibrillation* (Automatic & Semi-automatic devices)		
Wound Care and Bleeding Control (Dressings*, Bandages*, Tourniquet*, MAST/PASG)		
Musculoskeletal Injury Stabilization (Rigid and Soft Splints*, Traction Splint, Sling & Swathe*, MAST/PASG)		
Spinal injury Stabilization (Cervical spine stabilization*, cervical collars*, short spineboard, long spineboard)		
Ambulance Operations* (Emergency Response Guidebook orientation, START Triage, gaining access)		